

# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)

6/27/2005

## PRODUCER

AON RISK SERVICES, INC. OF NY  
199 WATER STREET  
NEW YORK, NY 10038  
TEL: (212) 479-3637  
FAX: (866) 467-7847

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A	CONTINENTAL CASUALTY COMPANY
COMPANY B	PATHFINDER INSURANCE COMPANY
COMPANY C	AVIS RENT A CAR SYSTEM, INC.
COMPANY D	OLD REPUBLIC INSURANCE COMPANY
COMPANY E	AMERICAN CASUALTY COMPANY OF READING, PA
COMPANY F	TRANSPORTATION INSURANCE COMPANY
COMPANY G	

## INSURED

AVIS RENT A CAR SYSTEM, INC.  
C/O CENDANT CORPORATION  
ONE CAMPUS DRIVE, 3RD FL.  
PARSIPPANY, NJ 07054

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's Contractor's Prot	GL001603190	7/1/2005	7/1/2006	General Aggregate	\$2,000,000
					Products-Comp/OP Agg	\$2,000,000
					Personal Injury	\$2,000,000
					Each Occurrence	\$2,000,000
					Fire Damage (Any one fire)	\$1,000,000
					Med Exp (Any one person)	\$0
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos	BUA2068256322	7/1/2005	7/1/2006	Combined Single Limit	\$1,000,000
					Bodily Injury (Per person)	
					Bodily Injury (Per accident)	
					Property Damage	
B	<input checked="" type="checkbox"/> Hired Autos	A-8004-AL	1/1/2005	1/1/2006		
C	<input checked="" type="checkbox"/> Non-Owned Autos	SELF INSURED				
A	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto	GL001603190	7/1/2005	7/1/2006	Auto Only - EA Accident	\$100,000
					Other than Auto Only - EA Acc.	
					Other than Auto Only - Agg.	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form				Each Occurrence	
					Aggregate	
E	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	WC2079600770	7/1/2005	7/1/2006	<input checked="" type="checkbox"/> Statutory Limits	
F		WC2079600798- CA	7/1/2005	7/1/2006	Each Accident	\$1,000,000
		DED.			Disease - Policy Limit	\$1,000,000
		WC2079600753 - RETRO			Disease - Each Employee	\$1,000,000
D	Other Excess Auto Liability	MWZRD1055	7/1/2005	7/1/2006	Each Occurrence	\$4,000,000

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The State of Colorado is included as additional insured except for workers compensation, ATIMA.

## CERTIFICATE HOLDER

## CANCELLATION

DEPARTMENT OF PERSONNEL & ADMINISTRATION  
DIVISION OF FINANCE AND PROCUREMENT  
STATE PURCHASING OFFICE  
225 E. 16TH AVE., SUITE 802  
DENVER, CO 80203

USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

